

Board of Health, City of Baltimore,

Permit No. 99280

OFFICE OF REGISTRATION OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr. 15. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alice Perkins

Sex, Male or Female, { cross out the word not required in this line. }

Age, Seventy eight Years,

Months, —

Days.

White -

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

City

Birthplace, { State or country, (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 522 North Eden St.

Cause of Death { First, (Primary.)
Second, (Immediate.) }

Bronchitis Senility

Duration of last Sickness,

Ten days -

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, April 18. 1887.

N Calvert Island M. D.

Medical Attendant.

{ Undertaker, Wm. H. Hickman.

{ Place of Business, 934 N. Gay St. Address, 841 - St. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99281 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

April 15-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George A. W. Anna

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

30 Years,

Months, -

Days.

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Parish

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

lifetime

Place of Death, { Give Street and Number. }

1548 N. Front- st

Cause of Death, { First (Primary),
Second (Immediate), }

Pericarditis

apronae

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

D. Matt

M. D.

Date of Burial, April 18 87

Medical Attendant.

Undertaker, A. Shindler

Address, 409 W. 4th St., -

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[OVER.]

The special responsibility of Physicians is especially incurred by the individuals below, and to the use of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99282 Office of Registrar of Vital Statistics. Ward 59

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter M Jones

Sex, Male or Female, { Cross out the word not } Male

Age, 66 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not } Single { required in this line. }

Occupation, White Washer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Kent County Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give Street and Number. } 1104 Douglas Street

Cause of Death, { First (Primary), Second (Immediate), } Bright's Disease of Kidneys

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Levanel Cemetery

Date of Burial, Apr 17 1887

Undertaker, William N Dinger

Place of Business, 150 East St

Sam'l S. Powell M. D.

Medical Attendant.

Address, 119 Asquith St

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[over.]

Board of Health, City of Baltimore,

Permit No. 99283, Office of Registrar of Vital Statistics. Ward 19.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, April 14 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Oliver Edwards

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 32 Years, - Months, - Days,

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co., Md.

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, { Give street and Number. } 101-60 Vincent Alley - Between 3rd and 4th

Cause of Death, { First (Primary), Bronchitis }
{ Second (Immediate), Plethora Pulmonalis }

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Apr 17 1887

Undertaker, William N. Dungee

Place of Business, 150 E. 2d St

H. H. Biedler, M. D.

Medical Attendant.

Address, 119 W. Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER]

Health Department, City of Baltimore.

Permit No. 99284 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adalaisde E. Carter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 8 Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore MD

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 803 Elder St

Cause of Death, { First (Primary),
Second (Immediate), } Congestion Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lewes Cemetery

Date of Burial, Apr 17 1887

Undertaker, William D. D. Gillies M. D.

Place of Business, 150 East St Address, 437 W Reddles

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99285 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

April 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Nancy Crimwell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 24 Years,

Months,

Days.

Color,

Black

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ind

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 522 N Duncan ally

Pneumonia

Cause of Death, { First (Primary),

Second (Immediate),

Congestion of lungs.

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn Cemetery

Date of Burial, Apr 17 1887

Undertaker, Williamson & Son

Place of Business, 150 East St

P. P. Hoagman M. D.

Medical Attendant.

Address, 182 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is especially invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99286 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

April 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Luther Albert Watkins

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 2

Years,

5

Months,

Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore, Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life residence

Place of Death, { Give Street and Number. }

410 N. Poppleton

Cause of Death, { First (Primary),
Second (Immediate), }

Catarrhal pneumonia

Duration of Last Sickness,

One week.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 18th 1887 Louis H. Knight

Undertaker, J. E. Vaughan & Co. M. D.

Medical Attendant.

Place of Business, 1408 Penna. Ave. Address, 414 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 99287 Office of Registrar of Vital Statistics. Ward 12th

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CERTIFICATE OF DEATH.

Date of Death, April 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Beatrice Hanley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 8 Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 104 Dophus, St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 104 Dophus, St

Cause of Death, { First (Primary), } Cataract, fever
{ Second (Immediate), } Exhaustion of Phthisis, 203 West

Duration of Last Sickness, 203 West

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial April 18th 1887 Dr. H. C. Green, M. D.

Undertaker Stewart & Brown

Place of Business, 215 & 217 Park Ave. Address, 1460 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

THE SPECIAL ATTENTION OF THE PUBLIC IS RESPECTFULLY INVITED TO THE RULES BELOW, AND TO AVOID DISUSES OR BIAS IN THIS CERTIFICATE.

Health Department, City of Baltimore.

Permit No. 99288 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

April 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Henry Henkiss

Sex, Male or Female, { Cross out the word not required in this line }

Age, 46 Years, Months, Days

Color, white

✓

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number }

229 Courtland St

Courtland

Cause of Death, { First (Primary),

Heart Disease

Second (Immediate),

Duration of Last Sickness,

five years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 18 1887

M. D.

{ Undertaker, A Rosenberg & Sutton

Medical Attendant.

{ Place of Business, 61 Park. Ave

Address, 19 Franklin

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[over.]

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Health Department, City of Baltimore.

Permit No. 99289 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence Wayman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 Years, 8 Months, 4 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 8 mon. 4 days

Place of Death, { Give Street and Number. } 5-23 West St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia
one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Chapel

Date of Burial, April 17 1887

Undertaker, Horan & Sons

Place of Business, 409 Court St.

Wm. P. Collier, M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]